

## CONSENT TO JOIN LAWSUIT FORM

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1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my former/current employer(s), The Elevance Health Companies, Inc. f/k/a The Anthem Companies, Inc. (“Elevance”) and/or Amerigroup Corporation (“Defendants”) and any other related persons, entities, subsidiaries, or affiliates, to recover overtime pay.
2. I have worked for Defendants as a Medical Management Nurses, Utilization Management Nurses, Utilization Managers, Utilization Review Nurses, or similar job title, primarily performing medical necessity reviews within the past three years.
3. During the past three years there were occasions when I worked over 40 hours per week without receiving compensation for my overtime hours worked.
4. If this case does not proceed collectively, then I also consent to join any subsequent action or matter to assert these claims against Defendants and any other related person(s), entities, subsidiaries, or affiliates.
5. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorneys handling the matter.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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**Information Below Will Be Redacted in Filings with the Court. Please Print or Type.**

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Best Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Return this form by  
fax, email or mail to:**

**Nichols Kaster, PLLP, Attn: Rachhana T. Srey**  
**Fax: (612) 338-4878**  
**Email: consents@nka.com**  
**Address: 4700 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402**  
**Web: www.nka.com**